

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Timothy D. Reierson and H. Nicholas Riddle

Filed: *Concurrently Herewith*

For: STRINGED INSTRUMENT FINGERBOARD WITH POSITION MARKERS

Docket: RE15.P01

Mail Stop PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

19704 U.S. PTO
10/625446
07/22/03

EXPRESS MAIL CERTIFICATE

Express Mail Label No.: ET456889022US

Date of Deposit: July 22, 2003

I hereby certificate that the following attached papers and fees:

1. New original patent application for a STRINGED INSTRUMENT FINGERBOARD WITH POSITION MARKERS.
2. Papers enclosed which are required for a filing date:
41 Pages of specification
5 Pages of claims
1 Page of abstract
9 Sheets of drawings
3. Additional papers enclosed:
2 Co-Inventor Combined Declarations and Power of Attorney
4. Our check No. 10814 in the amount of \$393.00 for the filing fee.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Chris Svendsen

PATENT
Express Mail No. ET456889022US

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of:

Co-Inventors: Timothy D. Reierson and H. Nicholas Riddle
For: STRINGED INSTRUMENT FINGERBOARD WITH POSITION MARKERS
Docket: RE15.P01
Date: July 22, 2003

1. This is a new original application for a utility patent.
2. Papers enclosed which are required for a filing date:
 41 pages of specification
 5 pages of claims
 1 page of abstract
 9 sheets of drawings
4. 2-Declarations executed by both co-inventors are enclosed. The co-inventors are both Small Entities.
5. The inventorship for all the claims in this application is the same.
6. Fee Calculation

Basic Fee:	\$375.00	
Total Claims:	22 - 20 = 2 x \$9.00	\$ 18.00
Independent Claims:	1 - 3 = 0 x \$38.00	\$ 0.00
TOTAL FEE:	\$393.00	
7. Our check number 10814 in the amount of \$393.00 is attached. Any over or underpayment may be credited or charged to our deposit account number 50-0259. A duplicate of this page is enclosed.

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